

The cavities were gently curetted, and "vigorously rubbed" with iodine glycerite, packed with iodoform gauze, and covered with a pressure bandage. They rapidly healed.—*Archives of Otolaryngology*, vol. xxiii., No. 3.

BOILS IN THE EAR.

As a microbicide, naphtholate of soda, 4 or 5 to 1000, is recommended by DE ROSSI, of Rome.—*Annales des Maladies de l'Oreille*, tome xx., No. 5, p. 503.

ACOUSTIC SIGNALS AND RAILROAD EMPLOYÉS.

GRAZZI maintains that the ears should be examined as carefully as the eyes in those applying for employment on railroads. He also claims that the employés who are exposed to acoustic signals should be examined periodically, and many of these signals diminished in intensity as being injurious to hearing.

KIRCHNER, too, urged the importance of examining periodically the ears of railway employés.

MOOS stated that most of the rules named by Grazzi are in force in the Grand Duchy of Baden.

ZENES and POLITZER stated that in neither Hungary nor in Austria are the ears of railway employés examined.—Eleventh International Congress, *Annales des Maladies de l'Oreille*, tome xx., No. 5.

EXCISION OF THE MALLEUS.

A. EITELBERG, in writing of this operation, says its chief indication is caries of this bonelet. In sclerosis of the middle ear its application, though attended sometimes with relief of tinnitus and deafness, even in the unoperated ear through the synergetic action of the two tensores tympanorum, is usually followed by suppurative otitis media, the outcome of which no one can foresee.—*Annales des Maladies de l'Oreille*, tome xx., No. 5.

SYPHILIS OF THE EAR.

TOEPLITZ gives an account of a case in which the labyrinth was first attacked without previous otitis media. This occurred in the second stage of the malady, coincidentally with roseola and buccal mucous patches. Deafness first called attention to the malady and led to the diagnosis of syphilis. There were attacks of vertigo. Cure followed mercurial inunctions and injections of pilocarpine.—*Annales des Maladies de l'Oreille*, tome xx., No. 5.

THE TREATMENT OF TINNITUS IN AURAL SCLEROSIS.

DR. R. W. SEISS, of Philadelphia, recommends as the most advantageous methods of controlling "that never altogether curable disease," "proper treatment of the naso-pharynx first, methods directed to the Eustachian tubes next, and immediate local treatment of the tympanum last, in order of efficiency."

The writer has found the best form of tubal medication in tinnitus of catarrhal origin consists in injections of pure fluid albolene containing one-half grain of camphor and two grains of menthol to the fluidounce of the oil into the tube by means of the Eustachian catheter. Menthol vaporization is also recommended for allaying tinnitus dependent upon tubal congestion and inflammation.—*Annals of Ophthalmology and Otology*, vol. iii., No. 1.

DISEASES OF THE LARYNX AND CONTIGUOUS STRUCTURES.

UNDER THE CHARGE OF
J. SOLIS-COHEN, M.D.,
OF PHILADELPHIA.

ANTRAL ODONTOMA OBSTRUCTING THE NASAL PASSAGE.

DR. A. W. DE ROALDES, of New Orleans, reports (*N. Y. Med. Journ.*, 1894, No. 833) a case of compound follicular odontoma invading the maxillary sinus and obstructing the corresponding nasal fossa. The patient was a lad, nine years of age, and the lesion occupied the right maxilla.

De Roaldes calls attention to the circumstance that these growths are usually upon the right side of the body. The tumor was extracted by direct access after removal of the whole anterior surface of the maxilla from the nostril to the tuberosity, and from the infraorbital plate to the alveolar border. The main mass of the tumor was on the floor of the antrum corresponding to the canine fossa. Its surface was covered with fifty or more tufts of hard, adherent tissue, resembling the lining of an alveolus. The recovery was as satisfactory as possible; nevertheless, De Roaldes expresses the opinion that a more conservative procedure through the mouth and canine fossa might have yielded equally good results.

The article is illustrated and accompanied with a copious list of bibliographic references.

TONSIL DISEASE AND RHEUMATISM.

In studying the etiology of rheumatic affections due to disease of the tonsils, DR. H. L. WAGNER, of San Francisco, has found (*N. Y. Med. Journ.*, 1894, No. 830) that the joints generally affected are those most in use by the patients: the crico-arytenoid joints in singers, the knee-joints of shoe-dealers, the wrist-joints of violinists, bookkeepers, and so on. Hence he contends that the rheumatism is not due to ptomaines, but to migration of the germs present in folliculous amygdalitis. He has found the same micro-organisms in the synovial fluid of the knee-joint in two instances, and in the urine of nearly all his cases, as existed in their diseased tonsils, while the family and clinical histories of the patients were free from taint of rheumatism before the attack of tonsillar disease.